

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003623**

1. Entity Name

SOFTVIEW SYSTEMS, INC.**FILED****Jan 19, 2001 8:00 am**
Secretary of State

01-19-2001 90032 014 ***150.00

0534185

Principal Place of Business Mailing Address
P.O. BOX 60272 P.O. BOX 60272
FORT MYERS FL 33906-0272 FORT MYERS FL 33906-0272

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1305043** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ARCHER, TIMOTHY H**
12845 DRESDEN COURT
FORT MYERS FL 33912**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete
NAME **ARCHER, TIMOTHY H**
STREET ADDRESS **12845 DRESDEN COURT**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **S** ☐ Delete
NAME **ARCHER, SANDRA D**
STREET ADDRESS **12845 DRESDEN COURT**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY H. ARCHER

Date

1/19/01

Daytime Phone #

941 768 5787

CR2E034 (10/00)